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**A CASE ILLUSTRATING THE TREATMENT OF  
PAINFUL PROLAPSED OVARIES IN  
YOUNG GIRLS.<sup>1</sup>**

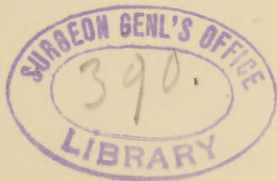
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The case that I herewith report is illustrative of the treatment of painful prolapsed ovaries in young girls. The previous history of the case will also suggest a possible way in which vaginal ovaries can become prolapsed and painful without traumatism.

The patient is a young lady of a sensitive literary family, with an introspective bent. She menstruated early, and, like many young girls, had painful periods. She was ill-developed physically, and the periods were irregular. With the ultra-mechanical ideas of the present, her physician sent her to a surgeon for treatment. The surgeon is said to have diagnosticated endometritis and uterine prolapse of moderate degree, and he inserted a pessary. Therein, I am sure, lies the cause of the subsequent prolapse and hyperesthesia of the ovary.

She was sent home, some distance from the office of the surgeon, but the pain was not relieved. Before the pessary had been worn long it was removed by the attending physician, but not before there was aggravation of the preëxisting condition, which I now suppose was one of those minor endometrial catarrhs so common in

<sup>1</sup> Reported at a meeting of the Philadelphia Obstetrical Society, December 1, 1892.



patients of the class to which the girl belongs. The case went from bad to worse, and there were numerous consultations with physicians and surgeons, and removal of the ovaries and tubes was advised by several.

When seen by me, three years after the inception of the trouble, she was twenty-one years old. The uterus was in a condition of catarrhal inflammation, enlarged and tender. The ovaries (particularly the left) were prolapsed and very tender, although not enlarged. The position and the painful condition of the ovary were, I conceive, the factors that had led so many surgeons to advise the unsexing of this young lady, and according to accepted teachings this advice was warranted. I looked on the case, however, as primarily one of uterine disease, having had added to it the ovarian trouble and the general neurasthenia from which she suffered.

In brief, this patient was placed on electric treatment and rest for the neurasthenia, and was subjected to vaginal treatment by the galvanic current with a covered positive electrode. Great amelioration of the tenderness of the left ovary followed. Up to this time, a period of some weeks, the uterus had not been explored, but owing to the copious catarrhal discharge I thought it well to pass a flexible aseptic sound, which may be done with less danger of injury than if the rigid instrument be used. The uterus was found to be over three inches in depth, showing a source of trouble beyond the ovarian displacement. She was then put on the direct treatment for the endometrial inflammation, intra-uterine galvanic and faradic currents, care being taken not to bruise the sensitive tissues outside of the uterus by any undue movements. From the first internal treatment improvement was noted, the continuous pain in the left ovarian region being somewhat relieved. The following period was much easier, and she went on to a rapid recovery after a treatment of two or three

months. She was discharged cured from my sanatorium five months ago, and recent advices state that she is entirely well, natural in her periods, and gaining flesh.

It may be asked: What became of the ovary that was destined to be removed? It still remains somewhat lower than its fellow, but floating freely; and I think that the slight deviation in position will not cause any more trouble than a like freedom of movement in any of the internal organs.

